

**DR-2 Disclosure Summary Page****DR-2**

|  |                    |                           |                      |                |
|--|--------------------|---------------------------|----------------------|----------------|
| <b>Vote YES for Hardin County Health</b> |                    | <b>Status:</b>            |                      | <b>Audited</b> |
| <b>Committee Type:</b>                   | Local Ballot Issue | <b>Statutory Due Date</b> | 1/19/2013            |                |
| <b>County:</b>                           | Hardin             | <b>Adjusted Due Date</b>  |                      |                |
| <b>District:</b>                         | 0                  | <b>Filed Date</b>         | 1/31/2013 1:58:28 PM |                |
| <b>Committee Code:</b>                   | 21630              | <b>Postmark Date</b>      |                      |                |
| <b>Political Party:</b>                  | Not Available      | <b>Amendment Date</b>     |                      |                |
| <b>Report Date:</b>                      | 2012               | <b>Candidate Name:</b>    |                      |                |

**Treasurer**

|                   |                            |                    |       |                  |       |
|-------------------|----------------------------|--------------------|-------|------------------|-------|
| <b>Last Name:</b> | Huffine                    | <b>First Name:</b> | Megan | <b>MI:</b>       | K     |
| <b>Address:</b>   | 703 S Oak Street           |                    |       |                  |       |
| <b>City:</b>      | Iowa Falls                 | <b>State:</b>      | IA    | <b>Zip Code:</b> | 50126 |
| <b>Phone:</b>     | 641-373-1333               |                    |       |                  |       |
| <b>E-Mail:</b>    | megan.huffine@thrivent.com |                    |       |                  |       |

**Chairperson**

|                   |                    |                    |       |                  |       |
|-------------------|--------------------|--------------------|-------|------------------|-------|
| <b>Last Name:</b> | Sampson            | <b>First Name:</b> | Robin | <b>MI:</b>       |       |
| <b>Address:</b>   | 11612 Hwy S 33     |                    |       |                  |       |
| <b>City:</b>      | Iowa Falls         | <b>State:</b>      | IA    | <b>Zip Code:</b> | 50126 |
| <b>Phone:</b>     | 515-571-0997       |                    |       |                  |       |
| <b>E-Mail:</b>    | robinsampson@q.com |                    |       |                  |       |

**Statement of Cash On Hand**

|                                      |          |
|--------------------------------------|----------|
| Cash on Hand at Start of Period      | \$787.68 |
| Schedule A: Cash Contributions Total | \$0.00   |
| Schedule F1: Loans Received Total    | \$0.00   |
| Schedule H2: Campaign Property Sales | \$0.00   |
| Sub-Total                            | \$787.68 |
| Schedule B: Expenditure Total        | \$787.68 |
| Schedule F2: Cash Loan Repayments    | \$0.00   |
| Cash on Hand at End of Period        | \$0.00   |

**Additional Assets and Liabilities**

|                                      |        |
|--------------------------------------|--------|
| Loans in Place at Start of Period    | \$0.00 |
| Schedule D: Unpaid Bills             | \$0.00 |
| Schedule E: In-Kind Contributions    | \$0.00 |
| Schedule F2: Forgiven Loans          | \$0.00 |
| Schedule F2: Outstanding Loans       | \$0.00 |
| Schedule G: Consultant Breakdown     | No     |
| Schedule H1: Campaign Property Value | \$0.00 |

# Schedule B: Expenditures

## Sch-B

|  |                    |                             |                      |
|--|--------------------|-----------------------------|----------------------|
| <b>Vote YES for Hardin County Health</b> |                    | <b>Status:</b> <b>Filed</b> |                      |
| <b>Committee Type:</b>                   | Local Ballot Issue | <b>Statutory Due Date</b>   | 1/19/2013            |
| <b>County:</b>                           | Hardin             | <b>Adjusted Due Date</b>    |                      |
| <b>District:</b>                         | 0                  | <b>Filed Date</b>           | 1/31/2013 1:58:28 PM |
| <b>Committee Code:</b>                   | 21630              | <b>Postmark Date</b>        |                      |
| <b>Political Party:</b>                  | Not Available      | <b>Amendment Date</b>       |                      |

| Expenditure Date  | Expenditure Committee ID   | Expenditure Name & Address  | Purpose                  | Expenditure Amount |
|---|----------------------------|---|--------------------------|--------------------|
| 1/2/2012  | Check #<br>Cashier's Check | Ellsworth Municipal Hospital Foundation<br>110 Rocksylvania Ave<br>Iowa Falls, IA 50126 | Dissolution Distribution | \$787.68           |
| Remainder of funds to EMH Foundation, tax ID 42-1520494 |                            |   |                          |                    |

|                     |                 |
|---------------------|-----------------|
| <b>Total Amount</b> | <b>\$787.68</b> |
|---------------------|-----------------|